```
E2            1      POTASSIUM NITROSYLBIS(THIOSULFATO)NICKELATE(I)/CN
E3            1 --> POTASSIUM NITROSYLDISULFONATE/CN
E4            1      POTASSIUM NITROTETRACYANOAQUORHODATE(III)/CN
E5            1      POTASSIUM NITROTRITHIOCYANATOPLATINATE(II)/CN

=> s e3

L2            1 "POTASSIUM NITROSYLDISULFONATE"/CN

=> e siethyl pyrocarbonate/cn 5

E1            1      SIERRALITE/CN
E2            1      SIESU TALC/CN
E3            0 --> SIETHYL PYROCARBONATE/CN
E4            1      SIEVELITE XS 11/CN
E5            1      SIEVERS' REAGENT/CN

=> e diethyl pyrocarbonate/cn 5

E1            1      DIETHYL PYRIDINE-3,5-DICARBOXYLATE/CN
E2            1      DIETHYL PYRIDINIUM PHOSPHATE/CN
E3            1 --> DIETHYL PYROCARBONATE/CN
E4            1      DIETHYL PYROMELLITATE/CN
E5            1      DIETHYL PYROMELLITATE-4,4'-OXYDIANILINE COPOLYMER/CN

=> s e3

L3            1 "DIETHYL PYROCARBONATE"/CN

=> e "1-ethyl-3-(3-dimethylaminopropyl)carbodiimide"/cn

E1            1      1-ETHYL-3-(3-(TRIMETHYLAMMONIO)PROPYL)CARBODIIMIDE
IODIDE/CN
E2            1      1-ETHYL-3-(3-DIETHYLAMINOPROPYL)CARBODIIMIDE
HYDROCHLORIDE/C
                     N
E3            0 --> 1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE/CN
E4            1      1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
HYDROCHLORIDE/
                     CN
E5            1      1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE METHIODIDE/CN
E6            1      1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
MONOHYDROCHLOR
                     IDE/CN
E7            1      1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)UREA/CN
E8            1
1-ETHYL-3-(3-ETHYL-2-BENZOTHIAZOLINYLIDENE)-5,5-DIMETHYL-2-P
                     HENYL-1-PYRROLINIUM PERCHLORATE/CN
E9            1      1-ETHYL-3-(3-HYDROXYPHENYL)UREA/CN
E10           1      1-ETHYL-3-(3-HYDROXYPROPYL)INDOLE/CN
E11           1      1-ETHYL-3-(3-PYRIDYL)THIOUREA/CN
E12           1      1-ETHYL-3-(4-(ETHYLMETHYLAMINO)BUTYL)-1-METHYLPIPERIDINIUM
I
                     ODIDE METHIODIDE/CN

=> s e2 or e4 or e5 or e6
```

```
             1 "1-ETHYL-3-(3-DIETHYLAMINOPROPYL)CARBODIIMIDE HYDROCHLORIDE"/CN
             1 "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
HYDROCHLORIDE"/CN
             1 "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE METHIODIDE"/CN
             1 "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
MONOHYDROCHLORIDE
               "/CN
L4           3 "1-ETHYL-3-(3-DIETHYLAMINOPROPYL)CARBODIIMIDE
HYDROCHLORIDE"/CN
               OR "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
HYDROCHLORIDE"
               /CN OR "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
METHIODIDE
               "/CN OR "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE
MONOHYDRO
               CHLORIDE"/CN

=> fil medl,caplus,biosis,embase,wpids,jicst

COST IN U.S. DOLLARS                          SINCE FILE      TOTAL
                                                   ENTRY    SESSION
FULL ESTIMATED COST                               40.80     254.33

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)    SINCE FILE      TOTAL
                                                   ENTRY    SESSION
CA SUBSCRIBER PRICE                                0.00      -2.78

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FILE 'JICST-EPLUS' ENTERED AT 14:57:23 ON 20 SEP 2000
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=> s (?carbodiimides? or ?isoxazolinium? or ?chloroformate? or
?carbonyldiimidazole? or ?tetranitromethane? or l1 or l2 or l3 or l4 or
carbalkoxydihydroquinoline? or potassium nitrosyldisulfonate or diethyl
pyrocarbonate or ethyl(6w)dimethylaminopropyl(w)carbodiimide)

L5        3429 FILE MEDLINE
L6       45746 FILE CAPLUS
L7        3353 FILE BIOSIS
L8        3092 FILE EMBASE
```

LEFT TRUNCATION IGNORED FOR '?CARBODIIMIDES?' FOR FILE 'WPIDS'
LEFT TRUNCATION IGNORED FOR '?ISOXAZOLINIUM?' FOR FILE 'WPIDS'
LEFT TRUNCATION IGNORED FOR '?CHLOROFORMATE?' FOR FILE 'WPIDS'
LEFT TRUNCATION IGNORED FOR '?CARBONYLDIIMIDAZOLE?' FOR FILE 'WPIDS'
LEFT TRUNCATION IGNORED FOR '?TETRANITROMETHANE?' FOR FILE 'WPIDS'

EXCEEDS MAXIMUM FIELD LENGTH, WILL BE SEARCHED AS
'1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE MONOHYD/CN'

EXCEEDS MAXIMUM FIELD LENGTH, WILL BE SEARCHED AS
'1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE MONOHYD/CN'

EXCEEDS MAXIMUM FIELD LENGTH, WILL BE SEARCHED AS
'1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE MONOHYD/CN'

EXCEEDS MAXIMUM FIELD LENGTH, WILL BE SEARCHED AS
'1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE MONOHYD/CN'
L9   2754 FILE WPIDS
LEFT TRUNCATION IGNORED FOR '?CARBODIIMIDES?' FOR FILE 'JICST-EPLUS'
LEFT TRUNCATION IGNORED FOR '?ISOXAZOLINIUM?' FOR FILE 'JICST-EPLUS'
LEFT TRUNCATION IGNORED FOR '?CHLOROFORMATE?' FOR FILE 'JICST-EPLUS'
LEFT TRUNCATION IGNORED FOR '?CARBONYLDIIMIDAZOLE?' FOR FILE 'JICST-EPLUS'
LEFT TRUNCATION IGNORED FOR '?TETRANITROMETHANE?' FOR FILE 'JICST-EPLUS'
L10   238 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L11   58612 (?CARBODIIMIDES? OR ?ISOXAZOLINIUM? OR ?CHLOROFORMATE? OR
?CARBO
               NYLDIIMIDAZOLE? OR ?TETRANITROMETHANE? OR L1 OR L2 OR L3 OR L4
               OR CARBALKOXYDIHYDROQUINOLINE? OR POTASSIUM
NITROSYLDISULFONATE
               OR DIETHYL PYROCARBONATE OR ETHYL(6W) DIMETHYLAMINOPROPYL(W)
               CARBODIIMIDE)
Left truncation is not valid in the specified search field in the
specified file. The term has been searched without left truncation.
Examples: '?TERPEN?' would be searched as 'TERPEN?' and '?FLAVONOID'
would be searched as 'FLAVONOID.'

If you are searching in a field that uses implied proximity, and you
used a truncation symbol after a punctuation mark, the system may
interpret the truncation symbol as being at the beginning of a term.
Implied proximity is used in search fields indexed as single words,
for example, the Basic Index.

=> s l11 and (soft tissue(w)(~~augment~~? or injur? or infect? or neoplasm?) or
c1.539.820/ct or c21.866.808/ct or c4.588.839/ct)

L12   0 FILE MEDLINE
L13   1 FILE CAPLUS
L14   0 FILE BIOSIS
L15   0 FILE EMBASE
L16   0 FILE WPIDS
L17   0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L18   1 L11 AND (SOFT TISSUE(W)(~~AUGMENT~~? OR INJUR? OR INFECT? OR
NEOPLA

SM?) OR C1.539.820/CT OR C21.866.808/CT OR C4.588.839/CT)

=> d cbib abs

L18 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2000 ACS
1999:783923 Document No. 132:15659 Topical administration of oxazolidinones for transdermal delivery. Ford, Charles W.; Watts, Jeffrey L. (Pharmacia and Upjohn Company, USA). PCT Int. Appl. WO 9962504 A2 19991209, 19 pp. DESIGNATED STATES: W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM; RW: AT, BE, BF, BJ, CF, CG, CH, CI, CM, CY, DE, DK, ES, FI, FR, GA, GB, GR, IE, IT, LU, MC, ML, MR, NE, NL, PT, SE, SN, TD, TG. (English). CODEN: PIXXD2. APPLICATION: WO 1999-US10463 19990526. PRIORITY: US 1998-88283 19980605.

AB Disclosed is a method of treating a non-topical infection selected from the group consisting of ear infections, skin and **soft tissue infections**, acne, infected wounds, bacteremia, in a useful warm blooded mammal who is in need of such treatment which comprises topical administration of a pharmaceutical formulation contg. a transdermally effective amt. of an oxazolidinone. A male having acne was treated with an ointment contg. 30 mg/mL (S)-N-[[3-[3-fluoro-4-[4-(hydroxyacetyl)-1-piperazinyl]phenyl]-2-oxo-5-oxazolidinyl]methyl]acetamide twice daily until the redness and swelling were gone.

=> s (inject? or e5.300.530/ct)(w)material? and (soft tissue(w)([redacted]? or injur? or infect? or neoplasm?) or c1.539.820/ct or c21.866.808/ct or c4.588.839/ct)

PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED '00.530/CT)(W)MATERIAL?'
L19 33 FILE MEDLINE
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED '00.530/CT)(W)MATERIAL?'
L20 2 FILE CAPLUS
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED '00.530/CT)(W)MATERIAL?'
L21 6 FILE BIOSIS
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED '00.530/CT)(W)MATERIAL?'
L22 11 FILE EMBASE
L23 0 FILE WPIDS
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED '00.530/CT)(W)MATERIAL?'
L24 1 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L25 53 (INJECT? OR E5.300.530/CT)(W) MATERIAL? AND (SOFT TISSUE(W)([redacted]? OR INJUR? OR INFECT? OR NEOPLASM?) OR C1.539.820/CT OR

C21.866.808/CT OR C4.588.839/CT)

=> s l25 and (blood plasma or (a12.207.152.693 or a15.145.693)/ct or zero link? or cross link? or lysine aspartate or amide bond or lysine glutamate)

L26 0 FILE MEDLINE
L27 0 FILE CAPLUS
L28 0 FILE BIOSIS
L29 0 FILE EMBASE
L30 0 FILE WPIDS
L31 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L32 0 L25 AND (BLOOD PLASMA OR (A12.207.152.693 OR A15.145.693)/CT OR
ZERO LINK? OR CROSS LINK? OR LYSINE ASPARTATE OR AMIDE BOND OR LYSINE GLUTAMATE)

=> s l25 and l11

L33 0 FILE MEDLINE
L34 0 FILE CAPLUS
L35 0 FILE BIOSIS
L36 0 FILE EMBASE
L37 0 FILE WPIDS
L38 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L39 0 L25 AND L11

=> s l11 and (soft tissue(w)([redacted]? or injur? or infect? or neoplasm?) or c1.539.820/ct or c21.866.808/ct or c4.588.839/ct)

L40 0 FILE MEDLINE
L41 1 FILE CAPLUS
L42 0 FILE BIOSIS
L43 0 FILE EMBASE
L44 0 FILE WPIDS
L45 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L46 1 L11 AND (SOFT TISSUE(W)([redacted]? OR INJUR? OR INFECT? OR NEOPLA
SM?) OR C1.539.820/CT OR C21.866.808/CT OR C4.588.839/CT)

=> s l46 not l18

L47 0 FILE MEDLINE
L48 0 FILE CAPLUS
L49 0 FILE BIOSIS
L50 0 FILE EMBASE
L51 0 FILE WPIDS
L52 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L53 0 L46 NOT L18

=> s soft tissue augment? (l) cross link?(l) blood plasma

L54 0 FILE MEDLINE
L55 0 FILE CAPLUS
L56 0 FILE BIOSIS
L57 0 FILE EMBASE
L58 0 FILE WPIDS
L59 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L60 0 SOFT TISSUE AUGMENT? (L) CROSS LINK?(L) BLOOD PLASMA

=> s soft tissue(w)(augment? or defect? or imperfect? or injur? or infect?) and blood plasma

L61 1 FILE MEDLINE
L62 4 FILE CAPLUS
L63 0 FILE BIOSIS
L64 0 FILE EMBASE
L65 1 FILE WPIDS
L66 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L67 6 SOFT TISSUE(W)(AUGMENT? OR DEFECT? OR IMPERFECT? OR INJUR? OR INFECT?) AND BLOOD PLASMA

=> s l67 not l18

L68 1 FILE MEDLINE
L69 4 FILE CAPLUS
L70 0 FILE BIOSIS
L71 0 FILE EMBASE
L72 1 FILE WPIDS
L73 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L74 6 L67 NOT L18

=> dup rem l74

PROCESSING COMPLETED FOR L74
L75 6 DUP REM L74 (0 DUPLICATES REMOVED)

=> d 1-6 cbib abs

L75 ANSWER 1 OF 6 CAPLUS COPYRIGHT 2000 ACS
1999:569374 Document No. 131:284717 Calcitonin gene-related peptide and other neuropeptides in the plasma of patients with **soft tissue injury**. Onuoha, Gracey N.; Alpar, E. Kaya (Department of Surgery, School of Medicine, The University of Birmingham, Birmingham, B15 2TT, UK). Life Sci., 65(13), 1351-1358 (English) 1999. CODEN: LIFSAK. ISSN: 0024-3205. Publisher: Elsevier Science Inc..
AB Calcitonin gene-related peptide [CGRP] - a powerful vasodilator, is a 37 amino acid peptide that is find primarily in the central and peripheral

nervous system. It affects the regulation of local blood flow, smooth muscle tone and glandular secretion. It is an endocrine regulator and in the lungs it also exerts a bronchoconstricting effect. CGRP has a proliferative effect on human endothelial cells. Therefore, it is important for the formation of new vessels, example, in ischemia, inflammations, and in the healing of wounds. Plasma levels of CGRP are increase in patients with chronic cardiac failure and sepsis, indicating that CGRP may be another important peptide in chronic illness. We have therefore measured the release of this peptide and another sensory peptide [substance P (SP)]; a vasoconstrictor peptide [endothelin (ET)]; and a perivascular peptide [neuropeptide Y (NPY)], within 24 h of injury, in the plasma of patients with **soft tissue injury**. Neuropeptides were measure by enzyme immunoassay technique. Median:(lowerquartile-upperquartile) in pmol/L CGRP level was elevated in patients [50.37: (12.4-110.9)] compared to controls [13.9: (10.9-36.96)]; ET and NPY did not vary much between groups; ET: patients [8.7: (1.7-87.1), controls 8.8: (1.7-32.9)]; NPY: patients [11.7: (10.5-14.99), controls 11: (10.3-12.8)]. SP was increase in patients [302.3: (79.9-707.3)], than controls [5.6: (3.2-36.6)]. Furthermore, elastase (a decisive marker for inflammation and infectious complications), was measure (ng/L), and found to be slightly higher in patients (102:25.5-223), than controls (91.8:45.9-127). In summary, plasma levels of sensory peptides increased significantly, in patients with **soft tissue injury**, in contrast to vasoconstrictor peptides that remained unchanged. These sensory peptides may yet be another group of neuromodulators playing a significant role in immune, pain, inflammatory and wound healing in **soft tissue injury** patients.

L75 ANSWER 2 OF 6 CAPLUS COPYRIGHT 2000 ACS

1999:713243 Document No. 132:189265 Distribution and tissue penetration of moxifloxacin. Stass, H. (Pharma Research Center, Institute of Clinical Pharmacology, Wuppertal, Germany). Drugs, 58(Suppl. 2), 229-230 (English) 1999. CODEN: DRUGAY. ISSN: 0012-6667. Publisher: Adis International Ltd..

AB This document presents an overview of studies, conducted in humans, which characterize the distribution of moxifloxacin from plasma into various target tissues and fluids of interest: urine, saliva, blister fluid, capillary blood, alveolar macrophages, bronchial epithelial lining fluid, s.c. tissue and skeletal muscle. In addn., they enabled identification of potential extravascular body compartments where concns. build up more slowly or accumulate relative to plasma, phenomena that need to be accounted for when evaluating plasma concns. with regard to their clin. relevance. Conclusions: Moxifloxacin was well tolerated in the studies performed to investigate tissue penetration. It has pharmacokinetic characteristics indicative of optimal distribution properties: a high distribution vol. at steady state (Vss .apprxeq.2 L/kg), low protein binding (.apprxeq.40 to 45%) and a rapid early distribution phase (t1/2.alpha. .apprxeq.10 to 115 min). Moxifloxacin penetrates rapidly into target tissues, reaching higher concns. in saliva and capillary blood than in plasma. Its distribution into blister fluid indicates that high

and therapeutically adequate concns. are retained in inflamed lesions for at least 24 h after administration. A similar pattern applies for s.c. tissue and skeletal muscle, with free drug concns. comparable to those of the unbound drug in plasma. Very high concns. are achieved in the alveolar macrophages, bronchial mucosa and epithelial lining fluid. The distribution characteristics of moxifloxacin allow for effective treatment of community-acquired respiratory tract and **soft tissue infections** with a 400mg once daily oral dosage regimen.

L75 ANSWER 3 OF 6 MEDLINE
1999177640 Document Number: 99177640. [Lipid peroxidation and the function of the antioxidant system in sepsis in patients with soft-tissue suppurative and inflammatory lesions]. Perekisnoe okislenie lipidov i sostoianie antioksidantnoi sistemy pri sepsise u bol'nykh s gnoino-vospalitel'nym porazheniem miagkikh tkanei. Shapoval S D. KLINICHNA KHIRURHIIA, (1998) (11) 15-6. Journal code: CGJ. Pub. country: Ukraine. Language: Russian.
AB While sepsis present in 73 patients with purulent-inflammatory affection of soft tissues and in 76 patients with local purulent inflammation the dynamics of processes of peroxidal oxidation of lipids (POL) and of antioxidant system (AOS) was studied up. In patients of both groups the trustworthy increase of the POL products in a **blood plasma** and pre- and postoperative AOS suppression was noted.

L75 ANSWER 4 OF 6 WPIDS COPYRIGHT 2000 DERWENT INFORMATION LTD
AN 1996-286931 [29] WPIDS
AB WO 9617631 A UPAB: 19960724
The following are claimed: (A) lyophilised fibrinogen which has been heat treated to inactivate any viruses present so as to be non-infective, and which has: (a) a solubility in water or other aq. soln. to 40 g/l in < 20 mins. at 20 deg.C; and (b) a clotting time of < 10 secs. when exposed to 200 U/ml thrombin; and (B) prodn. of a cryoprecipitatable **blood plasma** protein, which has undergone viricidal heat treatment, comprising: (a) precipitating the cryoprecipitatable protein (CP), or washing the CP with an aq. soln. comprising a non-polar polymeric material, so as to remove heat-degradable plasma proteins from the CP; (b) lyophilising the CP; and (c) undertaking a viricidal heat treatment of the lyophilised CP so as to be non-infective.
USE - (B) allows prodn. of blood proteins (e.g. fibrinogen) which are free of viruses. Fibrinogen may be used in fibrin sealants which are important in surgery, e.g. for repair of **soft tissue injuries** and repair of lung lascerations. Fibrinogen may also be used to treat disorders such as hypo-, dys- and afibrinogenaemia.
ADVANTAGE - The process allows retention of the desired biological properties of the CP (e.g. appropriate solubility, effective clotting activity and ability to undergo severe heat treatment) which ensure inactivation of viruses.
Dwg.0/2

L75 ANSWER 5 OF 6 CAPLUS COPYRIGHT 2000 ACS
1996:489938 Document No. 125:135282 Acute ethanol intoxication and

endotoxemia after trauma. Woodman, George E.; Fabian, Timothy C.; Croce, Martin A.; Proctor, Kenneth G. (Departments Surgery and Physiology, University Tennessee, Memphis, TN, 38163, USA). J. Trauma: Inj., Infect., Crit. Care, 41(1), 61-72 (English) 1996. CODEN: JOTRFA. ISSN: 1079-6061.

AB To det. actions of acute intoxication on pathophysiol. responses to trauma, anesthetized and ventilated mongrel pigs received a 20% soln. of ethanol (EtOH) by an i.v. (IV group; 2 g/kg, n = 8) or an oral (PO group; 3 g/kg, n = 12 .times. 60 min) route of administration, or the lactated Ringer's vehicle (LR group; n = 12). After 60 min, all were subjected to **soft tissue injury** and 30 to 35% hemorrhage, 60-min shock, and then resuscitation, with shed blood plus supplemental LR. After 3 days, host defense was challenged with Escherichia coli lipopolysaccharide (LPS); (1 .mu.g/kg .times. 30-min IV). The supplemental resuscitation was identical (50-53 mL/kg/h), but posttraumatic acidosis was obsd. in the IV group and the PO group (base deficit = 4.4 .+-. 1.3 and 5.5 .+-. 0.9 mEq/L) and not in the LR group. After 3 days, the acid-base equil. was restored, but a difference in host defense was unmasked by LPS. In the LR group, LPS-evoked pulmonary vasoconstriction was followed by decreased compliance and ventilation-perfusion mismatch, which was assocd. at 3 to 5 h with a base deficit, reduced Svo2, and reduced Po2 (-0.5 .+-. 0.2 mEq/L, 46 .+-. 1%, 127 .+-. 1 mm Hg). These changes were blunted in the PO group (2.0 .+-. 0.1 mEq/L, 56 .+-. 1%, 183 .+-. 4 mm Hg) and potentiated in the IV group (-4.3 .+-. 0.5 mEq/L, 40 .+-. 2%, 60 .+-. 2 mm Hg), even though more fluid was required to maintain systemic arterial and cardiac filling pressures following LPS administration in the IV (40 .+-. 6 mL/kg/h) vs. the LR or PO groups (31 .+-. 5 or 23 .+-. 3). The PO vs. LR differences could not be attributed to enteral nutrition because an isocaloric soln. of 50% dextrose had no effect vs. LR soln. EtOH caused neutropenia following trauma, relative to LR soln., but the IV vs. PO differences could not be discriminated on the basis of neutrophil or lymphocytes counts, nor CD18 receptor expression, nor renal or hepatic dysfunction. However, T4 lymphocytes and cortisol, a nonspecific index of inflammation, were higher for at least 24 h after trauma with IV, relative to PO or LR. Blood EtOH was similar with IV or PO during resuscitation (100-120 mg/dL), but the kinetics were different prior to trauma. With PO, blood EtOH slowly accumulated to a steady state plateau, the level of which was higher with no anesthesia or no trauma. With IV, blood EtOH peaked at 275 mg/dL and then exponentially declined with a rate that was not influenced to a major extent by trauma or by anesthesia. Therefore: EtOH absorption is impaired during trauma (in part because of reduced gut blood flow); acute EtOH intoxication at the time of trauma altered neutrophils, plasma cortisol, and T4 lymphocytes during recovery and host defense to a superimposed LPS challenge. The apparently favorable effect of PO vs. IV EtOH on the response to endotoxemia after trauma probably reflects differences in the kinetics of blood EtOH in the interval before reperfusion, but a "first pass" effect (metab. in the gut or liver) might also explain the data.

L75 ANSWER 6 OF 6 CAPLUS COPYRIGHT 2000 ACS

1990:549806 Document No. 113:149806 Relationship between endotoxemia and plasma fibronectin or C-reactive protein in pediatric surgical infections.

Shi, Wenyao; Jin, Baixiang (Dep. Surg., Childr. Hosp., Shanghai, Peop. Rep. China). Shanghai Yixue, 13(1), 1-4 (Chinese) 1990. CODEN: SIHSD8. ISSN: 0253-9934.

AB Levels of plasma endotoxin, fibronectin (Fn) and C-reactive protein (CRP) were detd. quant. in children with bacterial peritonitis, unruptured acute appendicitis, and **soft tissue infection** and controls. The results showed: (1) Endotoxemia leads to a decrease of plasma Fn and in return the depletion of plasma Fn exacerabates the endotoxemia. (2) The detn. of Fn and CRP together with the detection of endotoxin may be helpful to the diagnosis of peritonitis. (3) Serial detn. of Fn is useful in monitoring the progress of the disease. (4) The levels of endotoxin and Fn before operation are related to the prognosis of patients.

=> s orentreich n?/au,in

'IN' IS NOT A VALID FIELD CODE
L76 116 FILE MEDLINE
L77 35 FILE CAPLUS
L78 114 FILE BIOSIS
'IN' IS NOT A VALID FIELD CODE
L79 69 FILE EMBASE
L80 3 FILE WPIDS
L81 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L82 337 ORENTREICH N?/AU,IN

=> s l82 and soft tissue

L83 1 FILE MEDLINE
L84 0 FILE CAPLUS
L85 0 FILE BIOSIS
L86 1 FILE EMBASE
L87 0 FILE WPIDS
L88 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L89 2 L82 AND SOFT TISSUE

=> dup rem l89

PROCESSING COMPLETED FOR L89
L90 1 DUP REM L89 (1 DUPLICATE REMOVED)

=> d cbib abs

L90 ANSWER 1 OF 1 MEDLINE DUPLICATE 1

2000392351 Document Number: 20098806. A history of dermatologic surgery in the United States. Coleman W P 3rd; Hanke C W; **Orentreich N**; Kurtin S B; Brody H; Bennett R. (Tulane University School of Medicine, New Orleans, Louisiana, USA.) DERMATOLOGIC SURGERY, (2000 Jan) 26 (1) 5-11.

Journal code: B2S. ISSN: 1076-0512. Pub. country: United States.
Language:
English.
AB BACKGROUND: Dermatologic surgery has a long and distinguished history in the United States. OBJECTIVE: To examine the specific contributions of American dermatologic surgeons. METHOD: The medical literature on cutaneous reconstructive and cosmetic surgery for the last century and a half was researched. RESULTS: Numerous American dermatologic surgeons have had a major impact on scientific and technological discoveries in cutaneous surgery. Dermatologic surgeons have been significantly involved in cutaneous surgery since the second half of the 19th century. Dermatologic surgeons have contributed many important advances to the fields of chemical peeling, cryosurgery, dermabrasion, electrosurgery, hair transplantation, **soft tissue** augmentation, tumescent liposuction, laser surgery, phlebology, Mohs chemosurgery, cutaneous reconstruction, wound healing, botulium toxin, blepharoplasty, and rhytidectomy. CONCLUSION: Dermatologic surgeons in the United States have contributed significantly to the history of reconstructive and cosmetic surgery. Dermatologic surgeons have been leaders in advancing this field and are poised to continue in the future.

=> s l11 and (soft tissue(w)(augment? or injur? or infect? or neoplasm?) or c1.539.820/ct or c21.866.808/ct or c4.588.839/ct)

L91 0 FILE MEDLINE
L92 3 FILE CAPLUS
L93 0 FILE BIOSIS
L94 0 FILE EMBASE
L95 2 FILE WPIDS
L96 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L97 5 L11 AND (SOFT TISSUE(W)(AUGMENT? OR INJUR? OR INFECT? OR NEOPLAS
M?) OR C1.539.820/CT OR C21.866.808/CT OR C4.588.839/CT)

=> dis his

(FILE 'REGISTRY' ENTERED AT 14:42:32 ON 20 SEP 2000)
DEL HIS Y

FILE 'REGISTRY' ENTERED AT 14:54:43 ON 20 SEP 2000
L1 1204 S (?CARBODIIMIDES? OR ?ISOXAZOLINIUM? OR ?CHLOROFORMATE? OR ?CA
E "N-CARBALKOXYDIHYDROQUINOLINE"/CN 5
E POTASSIUM NITROSYLDISULFONATE/CN 5
L2 1 S E3
E SIETHYL PYROCARBONATE/CN 5
E DIETHYL PYROCARBONATE/CN 5
L3 1 S E3
E "1-ETHYL-3-(3-DIMETHYLAMINOPROPYL)CARBODIIMIDE"/CN
L4 3 S E2 OR E4 OR E5 OR E6

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, WPIDS, JICST-EPLUS' ENTERED AT 14:57:23 ON 20 SEP 2000

L5 3429 FILE MEDLINE
L6 45746 FILE CAPLUS
L7 3353 FILE BIOSIS
L8 3092 FILE EMBASE
L9 2754 FILE WPIDS
L10 238 FILE JICST-EPLUS
TOTAL FOR ALL FILES
L11 58612 S (?CARBODIIMIDES? OR ?ISOXAZOLINIUM? OR ?CHLOROFORMATE? OR ?CA

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TOTAL FOR ALL FILES
L18 1 S L11 AND (SOFT TISSUE(W)(A[redacted]T? OR INJUR? OR INFECT? OR NEO

L19 33 FILE MEDLINE
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L21 6 FILE BIOSIS
L22 11 FILE EMBASE
L23 0 FILE WPIDS
L24 1 FILE JICST-EPLUS
TOTAL FOR ALL FILES
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L31 0 FILE JICST-EPLUS
TOTAL FOR ALL FILES
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L34 0 FILE CAPLUS
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L36 0 FILE EMBASE
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TOTAL FOR ALL FILES
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L40 0 FILE MEDLINE
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TOTAL FOR ALL FILES
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L47 0 FILE MEDLINE

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L48             0 FILE CAPLUS
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L57             0 FILE EMBASE
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L61             1 FILE MEDLINE
L62             4 FILE CAPLUS
L63             0 FILE BIOSIS
L64             0 FILE EMBASE
L65             1 FILE WPIDS
L66             0 FILE JICST-EPLUS
     TOTAL FOR ALL FILES
L67             6 S SOFT TISSUE(W)(AUGMENT? OR DEFECT? OR IMPERFECT? OR INJUR?
OR
L68             1 FILE MEDLINE
L69             4 FILE CAPLUS
L70             0 FILE BIOSIS
L71             0 FILE EMBASE
L72             1 FILE WPIDS
L73             0 FILE JICST-EPLUS
     TOTAL FOR ALL FILES
L74             6 S L67 NOT L18
L75             6 DUP REM L74 (0 DUPLICATES REMOVED)
L76           116 FILE MEDLINE
L77            35 FILE CAPLUS
L78           114 FILE BIOSIS
L79            69 FILE EMBASE
L80             3 FILE WPIDS
L81             0 FILE JICST-EPLUS
     TOTAL FOR ALL FILES
L82           337 S ORENTREICH N?/AU,IN
L83             1 FILE MEDLINE
L84             0 FILE CAPLUS
L85             0 FILE BIOSIS
L86             1 FILE EMBASE
L87             0 FILE WPIDS
L88             0 FILE JICST-EPLUS
     TOTAL FOR ALL FILES
L89             2 S L82 AND SOFT TISSUE
L90             1 DUP REM L89 (1 DUPLICATE REMOVED)
L91             0 FILE MEDLINE
L92             3 FILE CAPLUS
L93             0 FILE BIOSIS
L94             0 FILE EMBASE
L95             2 FILE WPIDS
L96             0 FILE JICST-EPLUS
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TOTAL FOR ALL FILES
L97 5 S L11 AND (SOFT TISSUE(W)(AUGMENT? OR INJUR? OR INFECT? OR NEOP

=> s l97 not (l89 or l18 or l67 or l18 or l46)

L98 0 FILE MEDLINE
L99 2 FILE CAPLUS
L100 0 FILE BIOSIS
L101 0 FILE EMBASE
L102 2 FILE WPIDS
L103 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L104 4 L97 NOT (L89 OR L18 OR L67 OR L18 OR L46)

=> dup rem l104

PROCESSING COMPLETED FOR L104
L105 3 DUP REM L104 (1 DUPLICATE REMOVED)

=> d 1-3 cbib abs

L105 ANSWER 1 OF 3 CAPLUS COPYRIGHT 2000 ACS DUPLICATE 1
1999:405022 Document No. 131:63475 Process for the preparation of aqueous dispersions of particles of water-soluble polymers for drug delivery.
Vanderhoff, John W.; Lu, Cheng Xun; Lee, Clarence C.; Tsai, Chi-Chun (C.R.
Bard, Inc., USA; Lehigh University). PCT Int. Appl. WO 9931167 A1 19990624, 114 pp. DESIGNATED STATES: W: IN, JP; RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE. (English). CODEN: PIXXD2. APPLICATION: WO 1998-US26094 19981209. PRIORITY: US 1997-989888 19971212.

AB The invention is a process for the prepn. of crosslinked water-swellable polymer particles. First, an aq. polymer soln. contg. a water-sol. polymer having at least one functional group or charge, is combined with aq. medium. The aq. polymer soln. is then mixed under moderate agitation with an oil medium and an emulsifier to form an emulsion of droplets of the water-sol. polymer. A crosslinking agent capable of crosslinking the functional groups and/or charges in the water-sol. polymer is then added to the emulsion to form crosslinked water-swellable polymer particles. The invention also includes the particles formed by the process and aq. dispersions contg. the particles which are useful for administering to an individual. The particles of the invention are useful for implantation, **soft tissue augmentation**, and scaffolding to promote cell growth. Microspheres were obtained from crosslinked droplets of Na alginate/Me cellulose by dispersing 50.0 g water contg. 2.25 g Na alginate and 0.25 g Methocel K4M in 75.0 g isoocatane contg. 1.5 g Span 85; then 5.0 g water contg. 1.0 g Tween 85 was added, and the dispersion was stirred. The droplets formed by the dispersion were crosslinked with an equiv. amt. of the XAMA-7 crosslinking agent and then isopropanol was added to dehydrate and harden the crosslinked microspheres.

L105 ANSWER 2 OF 3 CAPLUS COPYRIGHT 2000 ACS

1997:130041 Document No. 126:135686 Reconstituted collagen fiber segment compositions and methods of preparation thereof. Carr, Robert M., Jr; Cavallaro, John F.; Bryant, Lisa M.; Donovan, David W.; Kemp, Paul D. (Organogenesis Inc., USA; Carr, Robert M., Jr.; Cavallaro, John F.; Bryant, Lisa M.; Donovan, David W.; Kemp, Paul D.). PCT Int. Appl. WO 9640216 A1 19961219, 27 pp. DESIGNATED STATES: W: AM, AU, BB, BG, BR, BY, CA, CN, CZ, EE, GE, HU, IL, IS, JP, KG, KR, LT, LV, MX, NO, NZ, PL, RO, RU, SG, SI, SK, UA, US; RW: AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE. (English). CODEN: PIXXD2. APPLICATION: WO 1996-US9861 19960607. PRIORITY: US 1995-483092 19950607.

AB The present invention provides for collagen compn. in the form of reconstituted collagen fiber segments, methods for making collagen fiber segments and their use of such collagen fiber segments as an injectable collagen compn. for **soft tissue augmentation**, tissue repair, and drug delivery. The invention also provides for collagen compns. having improved characteristics for bioremodeling and methods of producing highly concd. compns. of collagen. A cartridge contg. collagens at 5 mg/mL in 0.05 % acetic acid was placed under pressure and the collagen soln. was released from the dispensing valve to a recirculating bath contg. PEG in a phosphate buffer by pulsed extrusion.

The rate of the flowing bath was regulated so that the released collagen was pulled into a roughly cylindrical segment. The segments were captured by the porous bag.

L105 ANSWER 3 OF 3 WPIDS COPYRIGHT 2000 DERWENT INFORMATION LTD

AN 1996-252891 [26] WPIDS

AB EP 713707 A UPAB: 19960705

An injectable collagen compsn. comprises: particulate crosslinked collagen; non-crosslinked collagen, which may be fibrillar or non-fibrillar collagen; and a chemical crosslinking agent, pref. a synthetic hydrophilic polymer.

Pref. the particulate crosslinked collagen is crosslinked using heat, irradiation or a chemical crosslinking agent. The chemical crosslinking agent is pref. selected from aldehydes, divinyl sulphone, epoxides, **carbodiimides**, imidazole, synthetic hydrophilic polymers and mixts. of those. Most pref., the particulate crosslinked collagen is glutaraldehyde-crosslinked collagen. The synthetic hydrophilic polymer used as the chemical crosslinking agent in the compsn. is pref. a functionally activated polyethylene glycol.

USE - The compsn. is useful for **soft tissue augmentation** in the face and in other areas of the body, such as the urinary, anal and oesophageal sphincters, and for hard tissue augmentation, such as in the non-surgical correction of a boney defect. The compsn. can also be used in the prodn. of formed implants for a variety of medical purposes, or for coating the surface of a preformed synthetic implant.

ADVANTAGE - The compsn. continues to crosslink in situ. after injection, anchoring the collagen implant to the host tissue. The compsn. has better extrudability, esp. from a small gauge syringe needle, and has controlled cure times and possibly greater persistence in vivo.

Dwg.0/3

=> s inject? and soft tissue augment?

L106 53 FILE MEDLINE
L107 26 FILE CAPLUS
L108 9 FILE BIOSIS
L109 51 FILE EMBASE
L110 18 FILE WPIDS
L111 4 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L112 161 INJECT? AND SOFT TISSUE AUGMENT?

=> s l112 and l11

L113 0 FILE MEDLINE
L114 1 FILE CAPLUS
L115 0 FILE BIOSIS
L116 0 FILE EMBASE
L117 2 FILE WPIDS
L118 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L119 3 L112 AND L11

=> s l119 not l104

L120 0 FILE MEDLINE
L121 0 FILE CAPLUS
L122 0 FILE BIOSIS
L123 0 FILE EMBASE
L124 0 FILE WPIDS
L125 0 FILE JICST-EPLUS

TOTAL FOR ALL FILES
L126 0 L119 NOT L104

=> del his y

=> fil reg

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	275.88	530.21

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-3.90	-6.68

FILE 'REGISTRY' ENTERED AT 15:16:16 ON 20 SEP 2000
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

STRUCTURE FILE UPDATES: 19 SEP 2000 HIGHEST RN 289697-49-0
DICTIONARY FILE UPDATES: 19 SEP 2000 HIGHEST RN 289697-49-0